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Attachment C

Required Contents County Requests for Funding for the Mental Health Services Act (MHSA) Planning November 30, 2004

The MHSA provides funding for counties and their stakeholders to thoroughly discuss and plan the mental health services allowed under the Act. Counties, on behalf of their communities, are required to submit a request to DMH to obtain financial assistance for this planning. In order to be successful in obtaining these planning allocations, counties and their communities must provide information about the following items:¹

A. Planning Must Include Consumers and Families - The planning process must include meaningful involvement² of consumers and families as full partners from the inception of planning through implementation of identified tasks. The request for funding for the planning process should at a minimum:

1. Include a description of how the county will insure comprehensive participation from consumers and families. List all consumer and family groups/agencies that will be included.
2. Explain how the planning process will reach out to individual consumers and families who don't belong to organized advocacy groups and also to those populations of consumers and families who may have been previously underserved.
3. List the anticipated methods to be used to obtain consumer and family involvement. These may include but are not limited to: surveys, focus groups, interviews, client advisory committees, consumer and family meetings, public meetings, public hearings, town hall meetings and other methods. Indicate the strategies for outreach that will be used to obtain input of underserved and unserved populations.
4. For counties that do not yet have active consumer and family groups established that participate in mental health program policy and planning, describe the process by which this resource will be created.

¹ Although there are no limitations regarding the length of the requests for funding, the Department anticipates that the narrative portion of the request would be 5-10 pages.

² Meaningful involvement implies that consumers and families can provide feedback and are provided feedback in return. The MHSA strives to "ensure that the perspective and participation of members and others suffering from severe mental illness and their family members is a significant factor in decision and recommendations." The local planning process should mirror this commitment.

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5. The county may need to consider the financial needs of consumers and families in order to assure their involvement in the upcoming planning process. **Consumer and family participation may be compensated through wages, contracts or stipends.** Other supports might include childcare, supplemental meals, housing and transportation assistance/mileage. The request for funding should clearly indicate the anticipated kinds and costs of various forms of assistance that will be provided, if applicable,

B. The Planning Process Must be Comprehensive and Representative

1. Complete the table in Attachment 1 to describe the range of other stakeholder groups, beyond consumers and families and their advocacy groups, that will be involved in the proposed planning process. Examples of the major categories that should be included are listed in the table below. This table is not meant to be universally applicable nor exhaustive. DMH anticipates that each county will have different organizations and groups listed under the major categories, as well as additional categories unique to their community. For each stakeholder group, indicate whether they will be full partners (involved in all aspects of the planning process), consulted with (brought in for special expertise, areas, etc.), kept informed (given all material but not asked for their participation unless they request it) or reviewers and commenters only (given the plan after it has been drafted). The name of the organization should be included in the table whenever possible.
2. Describe how the proposed planning process will insure diversity of input that will address the demographics of the county, including geographic locations, age, gender, and race ethnicity.

C. There Must be Clear Organizational Responsibility for the Planning Process

1. Indicate who/what position(s) in the county organization will have the overall responsibility for the planning process. Indicate what percentage of their time will be devoted to the planning process.
2. Identify who/what positions in the county organization will handle the organizational work of the planning process. Indicate what percentage of their time will be devoted to the planning process.
3. Identify who/what positions in the county organization will be responsible for ensuring participation of stakeholders from underserved or unserved populations of consumers and families.
4. If consultants will be used for any of the above functions, explain how their process will be integrated into the existing county organization.

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D. The Planning Process Must Be Adequately Staffed to be Successful and Inclusive

List the staff needed to successfully complete the planning process by function, activities, time, and cost. These staff must have: 1.) Knowledge of system of care principles across the age span, 2.) Knowledge of mental health disparity issues and cultural competence and 3.) Knowledge of the importance of consumer and family involvement in program planning. Indicate which, if any, of these needs will be filled by non-county staff, stakeholders and/or consultants:

1. Planning consultants
2. Trainers
3. Temporary staff
4. Consumers – including adults, older adults, and youth
5. Family members of adults
6. Family members of children/youth
7. Racial ethnic disparities expert

E. Full Participation Requires Adequate Training in Advance

- 1) Describe the types and amounts of training needed to assure a successful planning process. At a minimum, consider the varying training needs of the stakeholders listed below:
 - a) Consumer and family training
 - b) Mental health management and supervisor training
 - c) Mental health line staff training
 - d) Mental health contractor training
 - e) Training for other agency personnel who have direct contact with mental health clients, such as sheriffs, probation officers, teachers and child welfare workers. This should include training for line staff workers as well as managers and supervisors.
 - f) Mental Health Boards and Commissions member training
 - g) Other stakeholder training.
- 2) Describe the content of proposed/anticipated trainings. Content could include but is not limited to:
 - a) Background on the public mental health system, systems of care and the MHSA
 - b) Recovery and resiliency
 - c) Addressing the county's underserved and unserved communities, including reduction/elimination of racial and ethnic disparities.
 - d) How to hold a successful and interactive public hearing
 - e) Systems change
 - f) Consumer and family operated services

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F. Proposed Workplan

Submit a workplan including anticipated timelines for the county planning process. (A suggested format will be provided by DMH at a later date.)

G. Proposed Budget

Submit a detailed budget in a format consistent with the expenditure categories of the cost report and narrative providing information about the budget request.

These funds are to be used for expenditures to promote inclusive planning processes and promotion of system change consistent with the MHSA. Funding for planning partners to participate in the planning process and readiness assessment are allowable under the MHSA and subject to the same limitations as county expenditures.

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Attachment 1 Other Stakeholder Participation in Planning Process

Stakeholder Group or Organization	Full Partner	Consulted With	Kept Informed	Reviewer and/or Commenter Only
Youth/Transition Age				
Child Welfare				
Probation/ Law Enforcement				
Education/ Special Education				
Alcohol and Drug				
Others				
Adult/Transition Age				
Housing				
Employment/Vocational Services				
Criminal Justice/ Law Enforcement				
Alcohol and Drug				
Others				
Older Adult				
Health				
Social Services				
Others				
Other Stakeholders				
Mental Health Board/Commission				
Judges, District Attorneys and Public Defenders				
Primary Care Providers				
Work Force Investment Boards				
Public Health				
Others				